

State of Minnesota**District Court**

County

Judicial District:	
Court File Number:	
Case Type:	

☐ In Re the Marriage of:

Plaintiff / Petitioner

vs / and

Financial Affidavit For Child Support

Defendant / Respondent

Intervenor

STATE OF MINNESOTA)
COUNTY OF _____) SS
(County where Affidavit Signed)

My name is _____. I am the
(*check one*) ☐ (Petitioner/Plaintiff) ☐ (Respondent/Defendant) in this case, and I state under
oath the following information:

1. I am the parent of _____ joint child(ren) who are the subject of this court action.
(enter number of joint children)
2. My sources of income are:

Monthly Income Received	Amount	Monthly Income Received	Amount
Salary and Wages (before deductions)	\$	Social Security Received (social security disability, retirement, survivors' benefit)	\$
Self-Employment	\$	Child's Derivative Social Security or Veteran's Benefits	\$
Unemployment Benefits	\$	Workers' Compensation	\$
Commissions	\$	Pension, Annuity Payments, Disability Payments	\$
Spousal Maintenance Received	\$	Other source of income (list source below)	\$
Military and Naval Retirement	\$		
Total monthly income received:			\$

3. Proof of my income is attached to Form 11.2 and supports this Financial Affidavit.

4. Number of nonjoint children who live in my home: _____
5. Spousal Maintenance I am court ordered to pay: \$_____ per month
A copy of the court order is attached as proof.
6. Child support I am court ordered to pay for nonjoint children
and who do not live in my home: \$_____ per month
A copy of the court order is attached as proof.

7. Health care coverage information (*check one or more that apply*)

☐ I have health care coverage for the joint child(ren) in place. This ☐ does ☐ does not
include dental coverage.

The cost of monthly health care coverage for myself: \$_____ per month

The cost of monthly health care coverage for the joint child(ren): \$_____ per month

☐ I have health care coverage for the joint child(ren) available. This ☐ does ☐ does not
include dental coverage.

The cost of monthly health care coverage for myself: \$_____ per month

The cost of monthly health care coverage for the joint child(ren): \$_____ per month

☐ To my knowledge, the joint child(ren) receive(s) medical assistance / Minnesota Care.

8. Child care information (*check one*)

☐ There are child care expenses for the joint child(ren) in the amount of \$_____ per month.

☐ There are no monthly child care expenses for the joint child(ren).

☐ I am unaware of any monthly child care expenses for the joint child(ren).

9. There is a court order for parenting time with the joint child(ren) (*check yes or no*)

☐ yes ☐ no

The information contained in this Affidavit is true and correct to the best of my knowledge and belief.

Dated: _____

Sworn / affirmed before me this

_____ day of _____, _____

Notary Public/ Deputy Court Administrator

Signature (*Sign only in presence of Notary or Court Deputy*)

Print Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____